Amendments to the Claims

This listing of claims will replace prior versions and listings of claims in the application:

Listing of Claims

1. (currently amended) A method of reducing post-surgical vomiting in a patient 6-24 hours post-surgery comprising:

(a) orally administering to the patient at least a first delayed release formulation comprising a therapeutically effective amount of Doxylamine Succinate and Pyridoxine Hydrochloride as active ingredients the evening prior to surgery, and

(b) orally administering to the patient a second delayed release formulation comprising a therapeutically effective amount of Doxylamine Succinate and Pyridoxine Hydrochloride as active ingredients 0-6 hours after surgery

~~before general anesthesia is administered to the patient and before the patient presents symptoms of post-surgical vomiting~~.

2-4. (canceled)

5. (currently amended) The method of claim 1[[4]], wherein Doxylamine Succinate and Pyridoxine Hydrochloride are administered after surgery at regular intervals.

6-8. (canceled)

9. (currently amended) The method of claim 1[[8]], wherein the orally delayed release formulation is enterically coated.

10. (canceled)

11. (currently amended) The method of claim 1, further defined as administering at least about 10 mg of Doxylamine Succinate and at least about 10 mg of Pyridoxine Hydrochloride upon each of the (a) and (b) administrations.

12. (original) The method of claim 1, further defined as administering at least about 20 mg of Doxylamine Succinate and at least about 20 mg of Pyridoxine Hydrochloride.

13. (canceled)

14. (original) The method of claim 1, wherein the patient is a woman.

15. (original) The method of claim 1, wherein the surgery is performed on an outpatient basis.

16. (previously presented) The method of claim 1, wherein Doxylamine Succinate and Pyridoxine Hydrochloride are administered on an evening prior to surgery, a morning of the day of surgery and after surgery.

17-24. (canceled)

25. (new) The method of claim 1, wherein the release of the active ingredients of the first delayed release formulation is sufficiently delayed so as to render the active ingredients continuously available in the patient during surgery and until the second delayed release formulation in turn releases the active ingredients.